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PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No.: 10/805,977 Confirmation No.: 1508  
Applicant(s): Fraser *et al.*  
Filed: March 22, 2004  
Art Unit: 1614  
Examiner: Not yet assigned  
Title: METHODS OF TREATING LOWER URINARY TRACT DISORDERS  
USING  $\alpha_2\delta$  SUBUNIT CALCIUM CHANNEL MODULATORS WITH  
SMOOTH MUSCLE MODULATORS

Docket No.: 046562/274660  
Customer No.: 00826

August 9, 2004

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**PRELIMINARY AMENDMENT**  
**37 CFR § 1.115**

Sir:

Prior to the substantive examination of the above-referenced application on its merits, the Examiner is respectfully requested to enter the following amendments into the application.

**Amendments to the Claims** are reflected in the listing of claims beginning on page 2 of this paper.

Remarks begin on page 11 of this paper.

08/11/2004 BSAYASII 00000007 10805977

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81.00 OP



Attorney's Docket No. 046562/274660

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Transmitted herewith is an AMENDMENT in the above-identified patent application.

- Applicant claims small entity status. See 37 C.F.R. § 1.27.  
 No additional fee is required.

The fee has been calculated as shown below:

(COL. 1)		(COL. 2)	(COL. 3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY	
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE	OR RATE	ADDIT. FEE
TOTAL	* 52	** 43	= 9	X 9=	\$ 81	X 18=	\$
INDEP	* 6	*** 9	=	X 43=	\$	X 86=	\$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+145=	\$	+290=	\$
				TOTAL ADD FEE \$ 81		OR TOTAL	\$

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

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Page 2

- Please charge my Deposit Account No. 16-0605 in the amount of \$ .
- A check in the amount \$81 to cover the additional fee is enclosed.
- The Commissioner is hereby authorized to charge any deficiency in payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-0605.
  - Any additional filing fees required under 37 C.F.R. § 1.16 for the presentation of extra claims.
  - Any patent application processing fees under 37 C.F.R. § 1.17.

Respectfully submitted,

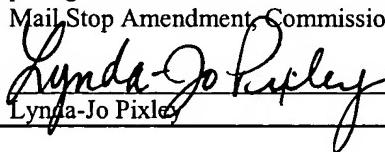


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CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:  
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Lynda-Jo Pixley